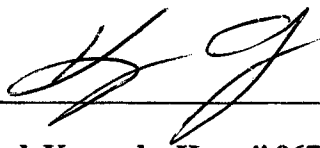


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ho'o Nani Care Home, LLC 	CHAPTER 100.1
Address: 65-1267B Lindsey Road, Kamuela, Hawaii 96743	Inspection Date: August 21, 2019 – Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1, no evidence of a prior two (2) step tuberculosis (TB) skin test. One (1) step completed August 7, 2019.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The previous employer was unable to locate the documentation of the prior two step TB skin test. A skin test performed in Puerto Rico was located, but it was in Spanish.</p> <p>The SCG completed another two step TB test for our documentation on 9-11-19.</p>	9-11-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1, no evidence of a prior two (2) step tuberculosis (TB) skin test. One (1) step completed August 7, 2019.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, PCG will continue to have a checklist that will list all new hire required documents and will not consider training complete until document is completed and signed by new SCG and PCG. This employee was already working here during last inspection and PCG thought all documentation was compliant prior to above checklist creation and execution. The PCG monitors all initial and annual paperwork, as Program Director position is no longer filled. Notifications are put on the office calendar to follow up on staff compliance within the required time period, and will be referenced for all caregiver requirements.</p>	9-6-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Resident medication cabinet unlocked.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The SCG on staff had just completed medication distribution and charting when the inspector arrived. PCG had to switch places with her quickly so she could care for clients next door at the day center and she forgot to click the locks shut in the hustle. PCG created a company e-mail reminding all SCGs of the importance and requirement in clicking all locks closed the moment the cabinet is closed, even if they are in the middle of documentation or distribution. All SCGs are aware and are following these rules daily.</p>	8-28-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Resident medication cabinet unlocked.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, PCG will check on the status of the medication cabinets at scheduled times on an ongoing basis. PCG will write up employees who do not adhere to the protocol and will invoke the three strikes you're out rule, in which their employment will be terminated after forgetting to lock the cabinet after three erroneous occasions.</p>	8-28-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Resident medication "Latanoprost" unsecured in refrigerator.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>A locked container was purchased on Amazon and is currently holding the resident medication in the secure refridgerator located in the utility room.</p>	9-3-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Resident medication "Latanoprost" unsecured in refrigerator.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, the locked container will house all medications that need to be refrigerated. These medications are always directly received by the PCG and the PCG will be sure to utilize the new lock box.</p>	9-12-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, admitted on June 14, 2019, medication orders dated June 3, 2019 listed the following medications:</p> <ul style="list-style-type: none"> • "Algal Omega-3 DHA 200 mg oral capsule Take 1 capsule daily" • "Vitamin D (Ergocalciferol) 50000 Unit Oral Capsule Take 1 capsule 1 day a week" • "FA-Vitamin B-6 Vitamin B-12 2.2-25-0.5 mg Oral Tablet Take 1 tablet po daily" • "Bayer Microlet 2 Lancing Device Check glucose daily and prn for Dx E11.9" <p>However, medications and treatment order was not transcribed on to the June – July 2019 medication records.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, admitted on June 14, 2019, medication orders dated June 3, 2019 listed the following medications:</p> <ul style="list-style-type: none"> • "Algal Omega-3 DHA 200 mg oral capsule Take 1 capsule daily" • "Vitamin D (Ergocalciferol) 50000 Unit Oral Capsule Take 1 capsule 1 day a week" • "FA-Vitamin B-6 Vitamin B-12 2.2-25-0.5 mg Oral Tablet Take 1 tablet po daily" • "Bayer Microlet 2 Lancing Device Check glucose daily and prn for Dx E11.9" <p>However, medications and treatment order was not transcribed on to the June – July 2019 medication records.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, when the family and physician's office provide the medication list to the care home prior to move in, the PCG will create physician orders clarifying the no longer utilized supplements or medications and have them signed prior to the move-in date.</p> <p>The PCG did communicate with the RN for the Physician and confirmed the discontinuation of certain products, but forgot to create a phone order for the discontinued products from the initial medication list provided by the physician.</p> <p>Therefore, with the policy of only allowing a resident to move in once the physician's orders match the actual medications provided/being taken, this confusion will be cleared up prior to move-in.</p>	9-12-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1, admitted on June 14, 2019, no height measurement.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY.</p> <p>The resident's height was recorded on the admission documentation on the day of the inspection, 8-21-19.</p>	8-21-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1, admitted on June 14, 2019, no height measurement.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, the PCG will review all of the intake paperwork if the SCG completes the vitals, to ensure that every box is marked.</p> <p>The PCG was in a meeting upon final admission and the SCG completing the vitals section, who found documentation of the resident's height in inches from the primary physician, meant to ask the PCG if it needed to be converted into feet and inches prior to documentation.</p>	8-21-19

Licensee's/Administrator's Signature: _____

Print Name: _____

Karyn Clay

Date: _____

9-12-19